

Boone County

medical
reserve
corps



Volunteer Application

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Text Message System (to announce emergencies): Yes No

Email: _____

Emergency Contact: _____ Relationship: _____ Phone Number: _____

How many family members are in your household? _____ Ages of children: _____

What is your
Relationship to
Boone County?
(circle one)

Reside and work in Boone County
Reside in Boone County
Work in Boone County
Neither reside nor work in Boone County

Do you have a current Indiana driver's license? Yes No

Are you able to provide your own transportation? Yes No

EMPLOYMENT INFORMATION

Employment Status
(circle one)

Employed/Self-Employed
Retired
Student
Not Currently Employed

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Are you licensed/certified in a Health-Related field? Yes No License/Certification Number: _____

Professional Title: _____ Professional Specialty: _____
(i.e., Nurse, Teacher, EMT, etc.) (i.e., Family Practice, Veterinary, Mortician, Office Assistant, etc.)

Background (Please provide a brief description of work and/or volunteer experiences.) _____

Skills (Please list skills that you possess such as accounting, shipping, computer, filing, etc...) _____

OTHER

Are you bi-lingual? Yes No If yes, in what language(s)? _____

Do you have any special needs that we should be aware of? Yes No If yes, please list _____

Have you ever been convicted of a felony? Yes No If yes, please explain _____

Do you consent to a criminal background check? Yes No If no, please explain _____

Do you agree to sign a patient confidentiality pledge? Yes No

I, _____ attest the above information is accurate to the best of my knowledge.
Volunteer Name

Signature of Volunteer

Date

Staff Member Reviewing Form

Date

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